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Retrospective comparison of extrafamilial and intrafamilial incest abuse

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ABSTRACT

Aims: As per WHO data, one out of every three adult women and one out of every five adult men have been exposed to one or the other form of sexual abuse in their childhood or adolescence and the great majority of these abuses have been intrafamilial. In this context, the aim of the present study is to define the sociodemographic and clinical differences between two forms of incest, intra-familial and ekstra-familial, and evaluate the effect of these differences on the treatment and rehabilitation process.

Methods: Data from 113 cases of incest abuse presented to the Trabzon Child Monitoring Centre between 2015 and 2021 were examined and evaluated retrospectively; the results and differences were presented in tables and charts; and the values that satisfied $p<0.005$ were considered to be statistically significant.

Results: Of 113 cases, 98 were included in the study, and the female/male ratio was found to be 10.1. The mean age of the victims was 12.65+3.753 years, whereas that of males was 8.44+4.586 years, with that of the females being 13.07+3.418 years.

Conclusion: The duration of exposure to abuse and history of recurrent abuse in the intra-familial incest group was longer and more frequent when compared with the extra-familial incest group.

Keywords: Sexual abuse, incest, domestic violence

INTRODUCTION

The World Health Organization (WHO) defines child abuse, in its broadest sense, as all forms of treatment of a child by an adult in a specific period of time, which are unacceptable in that specific cultural context and have adverse effects on the physical and psychological development of the child.[1] Sexual abuse, on the other hand, is the "involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society".[1] All kinds of behaviors toward a child exhibited by a person at least 6 years older than the child with the purpose of sexual stimulation are considered as child abuse.[2]

When abuses are evaluated in terms of the connection between the perpetrator and the victim, the cases in which the offender is a member of the family are classified as intra-familial sexual abuse and termed as incest.[3] The acts of sexual abuse against the child by those having parental authority are considered to be incest in line with the definition made by the US Department of Health, Education and Protection, whereas recent studies seemed to agree on the definition of incest as all kinds of erotic behaviors among the members of the family who are not married to each other.[4]

Extra-familial incest, on the other hand, is defined as incestuous acts perpetrated by the acquaintance, the family's friends, authority figures, or friends, usually in educational, daycare, entertainment, or religious settings or at the family's home.[5]

When the relationship between the victimized child and the perpetrator in cases of child abuse is examined, it has been reported in many studies that the perpetrator is an acquaintance of the child and that the perpetrator is frequently one of the members of the family in a broader sense. The biological or social closeness of the perpetrator in the family explains this frequency.[6]

Considering that 20% of females and 15% of males experience sexual abuse or attempted abuse at least once in their childhood according to WHO statistics, the incidence of incestuous abuse cases is above the limits that are termed dangerous.[7] Studies on incestuous sexual abuse have reported more serious psychosocial traumas in victims because of the recurring nature of incest cases, the extended duration of exposure to abuse, and social

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challenges in reporting such cases.[8] In addition, the experience of sexual abuse in childhood is considered to be the most serious risk factor for sexual problems that may arise in adulthood.[9]

The most frequent form of intrafamilial sexual abuse is father-daughter incest.[9] Yet, uncle-niece, brother-in-law-sister-in-law, and sibling incest cases have been also reported. If these forms are classified, then the cases of incest involving people having consanguinity with the victim such as father, uncle, or brother in a familial setting can be called intra-familial incest, whereas cases in which the perpetrator is a cousin, brother-in-law, stepfather or stepmother within a familial structure established by kinship and laws can be termed as extra-familial incest.[3]

Of course, this definition is not universal in nature. It would still provide guidance to experts in understanding incestuous abuse and organizing rehabilitation processes. The aim of the present study is three-pronged: to define the forensic and clinical differences between the two groups that were defined in this context, to propose solutions for the rehabilitation of emerging psychological and physical traumas, and to contribute to the literature in this regard.

METHODS

Approval was obtained from the parents of the victims, and the ethical approval was given by the Karadeniz Technical University Medical Faculty Scientific Researches Ethics Committee (Date: 30.05.2022, Decision No: 9). All procedures were carried out in accordance with the ethical rules and the principle of the Declaration of Helsinki.

In the present study, 113 cases of child abuse, reported to the Trabzon Child Monitoring Centre in Turkey between 01/01/2015 and 01/06/2021, in which the perpetrator was known to be a family member, were retrospectively screened using forensic interview forms, personal development cards, and forensic and psychiatric examination forms. The sociodemographic and clinical data of the victims and perpetrators were evaluated. As the age difference between the victim and the perpetrator was less than 6 years in 15 cases, these cases were excluded from the child abuse definition.

Thus, the study included 98 cases, which were classified as the intrafamilial group or the exrafamilial group depending on the victim's relationship with the perpetrator. Incestuous abuses involving those with first and second degree consanguinity were defined as the intrafamilial group, whereas the rest were designated as the exrafamilial group. The clinical and sociodemographic differences between the two groups were also evaluated.

The screened data were evaluated using the IBM SPSS Statistics software package (version 25). For statistical significance, Pearson Chi-Square test was used. $p < 0.05$ was considered to be statistically significant.

RESULTS

A hundred and thirteen cases in which the perpetrator was a member of the family reported to the Trabzon Child Monitoring Centre were screened retrospectively. As the age difference between the victim and the perpetrator was less than 6 years in 15 cases, these were excluded from the child abuse definition.

Of the 98 cases assessed, 89% (n=90) of the victims were female, and 9% (n=10) were male. The male/female ratio was calculated to be 0.099. The youngest victim was 4 years old, and the oldest victim was 17 years old. The median age was 14 years old. The mean age was 12.65+3.753 years. This value was 13.07+4.418 for the females and 8.44+4.586 for the males.

With regard to the identity of the perpetrator, 22.44% (n=22) were fathers; 7.14% (n=7) stepfathers; 16.32% (n=16) uncles; 20.4% (n=20) cousins; 18.36% (n=18) brothers-in-law; 5.1% (n=5) stepbrothers/stepsisters; 2.04% (n=2) brothers; 4.08% (n=4) grandfathers; 2.04% (n=2) step uncles; and 2.04% (n=2) aunts.

In the present study, the most prevalent form of incest was father-daughter incest, and cousins and brothers-in-law were the second most frequent perpetrators.

On the basis of the relationships between victims and perpetrators in 98 cases of child abuse, 46.93% (n=46) were placed in the intrafamilial group and 53.06% (n=52) were placed in the extrafamilial group (Table 1).

Table 1. Distribution of perpetrators

Intrafamilial	%	n	Extrafamilial	%	n
Father	22.44	23	Stepfather	7.14	7
Uncle	16.32	16	Step uncle	2.04	2
Grandfather	4.08	4	Step sibling	5.1	5
Sibling	2.04	2	Brother-in-law	18.36	20
Aunt	2.04	2	Cousin	20.4	19
Total	46.93	45	Total	53.06	53

On the basis of the nature of abuse, it was found that there were minor cases of abuse, such as fondling (34%) and verbal abuse (1%), as well as major cases of abuse, such as vaginal penetration (8%) and anal penetration (3%), in the intrafamilial group. On the other hand, there were cases of fondling (28%), verbal abuse (3%), vaginal penetration (16%), anal penetration (5%), and oral penetration (2%) in the extrafamilial group (Table 2).

Table 2. Distribution of the cases by nature

	Minor		Major		
	Fondling	Verbal Abuse	Vaginal penetration	Anal penetration	Oral penetration
Intrafamilial	34.0% n=34	1.0% n=1	8.0% n=8	3.0% n=3	-
Extrafamilial	28.0% n=28	3.0% n=3	16.0% n=16	5.0% n=5	2.0% n=2
Total	62.0% n=62	4.0% n=4	24.0% n=24	8.0% n=8	2.0% n=2

Pearson Chi-Square value: 3.862, df=1, p=0.049

Upon comparing the intrafamilial and exrafamilial groups in terms of the nature of abuse, it was determined that the minor offenses were statistically higher in the intrafamilial group, whereas the major offenses were statistically significantly higher in the ekstrafamilial group (Pearson Chi-Square value: 3.862, df=1, p=0.049).

In the evaluation of the genital examination findings of the cases, it was observed that 56 cases did not undergo genital examination by the forensic authorities as the victims refused to get examined, whereas in 44 cases in which genital examination was conducted, no medical finding was found in 32 cases; newly formed laceration in the hymen in 5 cases; ongoing pregnancy in 3 cases; chronic anal fissure in 2 cases; and erythema on labium minor in 2 cases.

In the present study, no statistical difference was observed in the comparison of genital findings between the two groups.

When the cases were examined in terms of history of recurrent abuse, it was determined that there was a history of recurrent abuse in 64 cases (36 in the intrafamilial vs. 28 in the extrafamilial group), whereas the victim experienced abuse only once in her/his lifetime in 36 cases (10 in the intrafamilial group vs. 26 in the extrafamilial group) (Table 3).

Table 3. Recurrence of abuse

	Recurring	Only once
Intrafamilial		
Count	36	10
Expected count	29.4	16.6
% of Total	36.0%	10.0%
Extrafamilial		
Count	28	26
Expected count	34.6	19.4
% of Total	28.0%	26.0%

Pearson Chi-Square value: 7.519, df=1, p=0.006

Upon comparing the two groups in terms of the recurrence of abuse, it was determined that the number of recurring offenses was statistically significantly higher in the intrafamilial group when compared with the extrafamilial group (Pearson Chi-Square value: 7.519a, df=1, p=0.006).

When the duration of exposure to abuse was examined, it was determined that the victim was exposed to abuse for more than 1 year in 58 cases, whereas the exposure time was less than 1 week in 9 cases (Table 4).

Table 4. Duration of exposure to abuse

	> 1 year	< 1 year
Intrafamilial		
Count	31	8
Expected count	26.6	12.4
% of Total	36.5%	9.4%
Extrafamilial		
Count	27	19
Expected count	31.4	14.6
% of Total	31.8%	22.4%

Pearson Chi-Square value: 4.209, df=1, p=0.04

When the duration of exposure to abuse was assessed, it was found that the duration of exposure to abuse was statistically significantly longer in the intrafamilial group (Pearson Chi-Square value: 4.209a, df=1, p=0.04).

Of the 98 cases included in the study, the victim did not undergo psychiatric assessment in 21, whereas in the 77 cases in which the victim was given psychiatric assessment, the victim was found to suffer from post-traumatic stress disorder (PTSD) in 15 cases; major depressive disorder in 10 cases; anxiety disorder in 3 cases; acute stress reaction in 3 cases; conduct disorder in 1 case; and mental retardation in 2 cases. Psychiatric examination produced no abnormality in 45 cases (Chart 1).

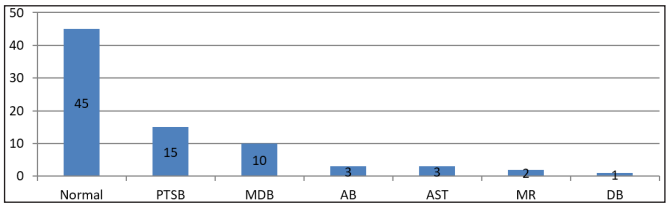

Chart 1. Psychiatric assessment of the cases

DISCUSSION

It is difficult to unveil cases of incest because they not only affect victims physically and psychologically over extended periods of time but also occur in closed settings. When they are uncovered, it is crucial that examination, medical assistance, and judicial process should be managed by experienced teams in the centers that are specialized in this area. The present study was conducted with the children presented to a center that was specialized with regard to child abuse cases through judicial reporting.

Sexual abuse affects children of all ages from all countries and cultures.[10,11] Girls and boys in all ages may be subject to incestuous relations.[12]

In many epidemiological studies, it has been reported that girls were 2–3 times more vulnerable to sexual assaults.[13,14] Of the 98 cases assessed, 89% (n=90) of the victims were female and 9% (n=9) were male. The male/female ratio was calculated to be 0.099. Similar ratios have been reported in the literature. In their study on 1,002 cases, Aydın et al.[15] reported 80.8% for females and 19.2% for males as gender distribution. Studying the judicial reporting of incest cases, Gündüz et al.[16] observed a gender distribution similar to the present study: 16.9% males and 83.1% females. Many other studies have reported similar results as well.

The youngest was aged 4 years and the oldest one was 17 years. The mean age was 12.65+3.753 years. In the studies including all age groups, too, the mean age has been reported to be 13±6.3 years.[17] Just as in the case of the female gender, younger ages constitute a risk factor for sexual abuse.

This value was 13.07+4.418 for the females and 8.44+4.586 for the males. In a study on incest, it was demonstrated that the mean age of females was greater than that of males (W: 15.3 - M: 8.5).[16]

In the present study, the most prevalent form of incest was father-daughter incest, and cousins and brothers-in-law were the second most frequent perpetrators. In a study on incest conducted at a university hospital, fathers have been reported as the most frequent perpetrators in a manner similar to that reported by the present study.[18] In a study with a small number of cases, however, the elder brother was reported as the most frequent perpetrator. Nevertheless, the rate of father-daughter incest cases reported in the same study could not be underrated.[19] It is known that father-daughter incest is the most frequent form of incest, and many studies have been conducted on its risk factors. In this form of incest, the father-daughter relationship is distorted from a developmental and structural perspective, leading to the highest level of public indignation. In terms of incidence, father-daughter incest is followed by brother-sister, sister-sister, and mother-son incest.[21,22]

In the present study, father-daughter incest was followed by cases of incest involving brothers-in-law and cousins from the extrafamilial group in terms of incidence. In a study conducted in our country, the most frequent cases of incest were indicated as those involving cousins, fathers, and brothers-in-law. Brothers-in-law (sister's husband or aunt's husband) become relatives by marriage, are included in the family, can establish direct contact with the victim, are trusted by the family, and have a chance to be alone with the victim—all these factors make it easier for them to perpetrate sexual abuse.[23]

On the basis of relationships between victims and perpetrators in 98 cases of child abuse, 46% (n=45) were placed in the intrafamilial group and 53% (n=54) were placed in the extrafamilial group. In what is similar to the findings reported by the present study, cases of extrafamilial abuse were reported to be more frequent in other studies as well.[6]

On the basis of the nature of abuse, it was found that there were minor cases of abuse, such as fondling (34%) and verbal abuse (1%), as well as major cases of abuse, such as vaginal penetration (8%) and anal penetration (3%), in the intrafamilial group. On the other hand, there were cases of fondling (28%), verbal abuse (3%), vaginal penetration (16%), anal penetration (5%), and oral penetration (2%) in the extrafamilial group. In sexual abuse and assaults, it is crucial to determine medical findings and align them with legal actions. Different ratios have been reported in studies on the matter. This is directly associated with the characteristics of the cases reported to the center where this examination is conducted as well as to the experience of the team performing the examination. Our center accepts reports from all provinces and regions concerning sexual abuse of children.

Upon comparing the intrafamilial and extrafamilial groups in terms of the nature of abuse, it was determined that the minor offenses were statistically higher in the intrafamilial group, whereas the major offenses were statistically significantly higher in the extrafamilial group. It was considered that the blood relation between the victim and the perpetrator could affect the nature of abuse in the intrafamilial group, whereas any secret and forbidden love affair between the victim and the perpetrator in the ektrafamilial group could affect the nature of abuse; however, this statistical difference should be reassessed in large-scale studies.

When the cases were examined in terms of recurring abuse history, it was determined that there was a history of recurrent abuse in 64 cases (36 in the intrafamilial group vs. 28 in the extrafamilial group). The possibility of recurrence in the intrafamilial group, which includes fathers, uncles, grandfathers, siblings, aunts, is higher because it is more difficult to discover or report the incidents, particularly sexual abuse, in this group.

Incest is the most severe form of sexual abuse, and as it tends to be kept a secret within the family, it can go on for extended periods, and this complicates diagnosis and prevention.[21]

Incest can be seen in all family types, from single-parent to extended families, but it is more widespread in elementary families, particularly introverted ones.[12] Upon comparing the intrafamilial and extrafamilial groups in terms of the recurrence of abuse, it was determined that the number of recurring offenses was statistically significantly higher in the intrafamilial group when compared with that in the extrafamilial group. This may be seen as the result of a closed structure that is attributable to the aforementioned biological affinity. In addition, considering that the incest perpetrator is a relative of the child, that the child trusts that relative, and that the incident tends to occur in a setting where the child feels safe, it becomes even more difficult for the victim to report the abuse, leading to the recurrence of abuse.[12]

In addition, the child may not readily perceive the incestuous behavior from his/her biological relative as abuse. Even if child perceives it, she/he may choose to keep it secret by normalizing it, feeling guilty, or succumbing to pressures, threats, or the perpetrator's authority. In the intrafamilial group, the approach by other members of the family to incest is decisive in reporting the incident or its becoming recurrent. Just as with the victim, they may choose to normalize the incident, blame themselves, and eventually keep the incident secret.

The duration of abuse is another major risk factor that may have adverse effects on the life of the victim. In the present study, it was determined that the victims were exposed to abuse for more than 1 year in 58 cases. In a study conducted in our country, exposure to abuse for more than 1 year was reported in 3 cases.[23] The high number of cases in the present study may be due to the fact that newly reported cases of abuse are referred to our center even if they occur in other cities. For the rehabilitation of the victimized children, it is critical for these cases to be evaluated, their forensic examination to be followed through, and psychiatric follow-ups to be conducted at a center that is specialized and experienced in dealing with sexual abuse cases of children.

Sensory, behavioral, and medical problems were reported in incest victims.[24] In the present study, the victim was found to suffer from post-traumatic stress disorder (PTSD) in 15 cases; major depressive disorder in 10 cases; anxiety disorder in 3 cases; acute stress reaction in 3 cases; conduct disorder in 1 case; and mental retardation in 2 cases. Likewise, PTSD, anxiety, and depressive disorders were reported as leading psychiatric conditions in another study.[23]

CONCLUSION

Incest is a social problem that must be acknowledged and prevented from being kept secret. Therefore, it is crucial for our country to expedite the determination of national policies for raising public awareness regarding the matter. The training and awareness-raising activities that are required to be conducted in the public sphere to encourage incest victims who conceal themselves with feelings of guilt, fault, or sin to report the offense may facilitate the disclosure of these bleeding wounds within the closed family motif..

ETHICAL DECLARATIONS

Ethics Committee Approval: The study was initiated with the approval by the Karadeniz Technical University Medical Faculty Scientific Researches Ethics Committee (Date: 30.05.2022, Decision No: 9).

Informed Consent: Because the study was designed retrospectively, no written informed consent form was obtained from patients.

Referee Evaluation Process: Externally peer-reviewed.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

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Author Contributions: All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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